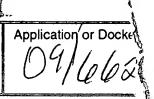
<b>PATENT</b>	<b>APPLIC</b>	ATION FE	E DET	<b>TERMINA</b>	MOITA	RECORD
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Effective December 29, 1999



		CLAIMS	AS FILED - I (Column 1)		mn 2)	SMALL TYPE	ENTITY	OR	OTHE SMALL	
FC	R	NUN	NUMBER FILED NUMBER EXTRA		EXTRA	RATE	FEE	)	RATE	
ВА	SIC FEE						345.00	OR		690.00
TO	TAL CLAIMS		minus 2	0=  +				Un		
<del></del>	BASIC FEE  TOTAL CLAIMS  MIDEPENDENT CLAIMS  MULTIPLE DEPENDENT CLAIM PRESENT  If the difference in column 1 is less than zero, enter "0" in column 2  CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 2)  CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 2)  Total  Independent					X\$ 9=		OR	X\$18=	
			<u> </u>	3 =   *		X39=		OR	X78=	
		************************************				+130=		OR	+260=	
* If	the difference	in column 1	is less than zer	ro, enter "0" in o	olumn 2	TOTAL		OR	TOTAL	1091
	C	LAIMS AS	S AMENDED	- PART II	•			4	OTHER	THAN
					(Column 3)	SMALL	ENTITY	OR .	SMALL	ENTITY
IENT A		REMAINING AFTER		NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN		*	Minus	**	=	X\$ 9=		OR	X\$18=	
AME					1	X39=		OR	X78=	
	FIRST PRESE	NTATION OF	MULTIPLE DEP	ENDENT CLAIM		400			.000	
						+130=		OR	+260=	
						TOTAI ADDIT. FEI		OR	TOTAL ADDIT. FEE	
200000000000000000000000000000000000000			1)		(Column 3)			<b>3</b>		
IENT B		REMAININ AFTER	-	NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***	=	X39=			X78=	
_	FIRST PRESE	NTATION OF	MULTIPLE DEP	ENDENT CLAIM				OR		
						+130=		OR	+260=	
				•		TOTAI ADDIT. FEE		OR	TOTAL ADDIT. FEE	
			1)		(Column 3)	٠.	•	•		
MENT C		REMAININ AFTER		NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***	=	X39=	1		V70	
٧	FIRST PRESE	NTATION OF	MULTIPLE DEP	ENDENT CLAIM		739=	<b>_</b>	OR	X78=	\sqrt{1}
	f the entry in colum	mp 1 is less th	an the entry in colur	nn 2 writa 40° in aa	dumo 2	+130=		OR	+260=	'
**	f the "Highest Nu	mber Previousi	ly Paid For" IN THIS	S SPACE is less that	ın 20, enter "20."	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	₩ \
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										

## This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: D9/402/14

## Total Fee Calculation

			•			
	Fee Cade	Total # Claims	Number Extra X	Fcc	Fec =	Total
•	Sm./Lg.			Sm. Entity	Lg. Entity	
Bulc Filing Fee	201/101	11				<u> </u>
Total Claims >20	203/103	-20	x			.—
Independent Claims >3	202/102	.,	x			
Mult. Dep Claim Present	204/104			. ———		101-
Surcharge	205/105	•				DC
English Translation	139					
TOTAL FEE CALCUL	ATION					. <u> </u>
Fees due upon filing	the application		Yho		•	
Total Filing Fees Due	:= \$	· · · · · · · · · · · · · · · · · · ·	500			
Less Filing Fees Subr	mitted - <b>S</b>	<u> </u>				
BALANCE DUE	= \$	8	20			

Office of Initial Patent Examination